Foster Family Home - Corrective Action Report

Provider ID: 1-636623

Home Name: Marlina Fernando, CNA Review ID: 1-636623-9

91-1531 Kaikoi Place Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 3/17/2021

[11-800-6]

| 6.(d)(1) | Comply with all applicable requirements in this chapter; and | | | | | | |
|---|--|--|--|--|--|--|--|
| Comment: | | | | | | | |
| 6(d)(1) CCFFH inspection made for a 3 bed annual inspection. | | | | | | | |
| Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection. | | | | | | | |
| Foster Family F | Home Quality Assurance | [11-800-50] | | | | | |
| 50.(e) Comment: | The home shall be subject to investigation unannounced and may include, but is not | by the department at any time. The investigation may be announced or limited to, one or more of the following: | | | | | |
| 50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH. There is no house number visable from the street or on mailbox for emergency or unannounced visitors | | | | | | | |
| Foster Family F | lome Records | [11-800-54] | | | | | |
| 54.(c)(2) | Client's current individual service plan, and | d when appropriate, a transportation plan approved by the department; | | | | | |

54.(c)(2) Client # 1 has do n medications do n medications.

Medication schedule checklist;

Required Certificate

54.(c)(5)Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

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Foster Family Home

54.(c)(5)

Comment:

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

| PCG's Name on CCEEH Certificate: | Marlina | Fernando, | CNA |
|----------------------------------|---------|-----------|-----|
|----------------------------------|---------|-----------|-----|

(PLEASE PRINT)

CCFFH Address: 91-1531 Kaikoi Place, Ewa Beach HI 96706

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|----------------|--|-------------------------------------|---|
| 50(e) | Installed doorbell / buzzer at entrance gate of Home. | 03/28/21 | Doorbell / buzzer properly functioning and visible at entrance gate. |
| 54.(c)(2) | PCG will write note for all requirements that need to be updated. | 03/25/21 | PCG will ask RN Case Manager to updated service plan when there is new orders. |
| 54.(c)(5) | Client #1: CMA RN called the Pharmacist and Dr.'s office for correction on the medication. It's already corrected. | 03/25/21 | This will not happen again in the future because the house we work as a team with the case manager. PCG will review medication record each month to make sure medication match the Dr.'s order. |

All items that were fixed are attached to this CAP

PCG's Signature: MARLINA FERNANDO

Date: 4/12/21